## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MUNCIE  PRETIX FROM SUMMARY STREAMS OF DEPOSIOUS SUPPLIES  SIGNATURE HEALTHCARE OF MUNCIE  SIGNATURE HEALTHCARE OF MUNCIE  PRETIX FROM SUMMARY STREAMS OF DEPOSIOUS SUPPLIES FROM SUMMARY STREAMS OF DEPOSIOUS SUPPLIES FROM SUMMARY STREAMS OF DEPOSIOUS SUPPLIES FROM SUMMARY STREAMS OF SUPPLIES FROM SUMMARY STREAMS OF SUPPLIES FROM SUMMARY SU	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED			
MANE OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF MUNCIE  (A41) D (A41) D (A42) D (A42) D (A42) D (A42) D (A42) D (A42) D (A43) D (A44) D									
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  (F 000) INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00137394 completed on October 4, 2013.  Complaint IN00137394 corrected.  This visit was in conjunction with the PSR to the Recertification and State Licensure Survey completed on 8/23/13, the PSR to the Investigation of Complaint IN00138719.  Survey Dates: October 30 and 31, 2013.  Facility number: 000146 Provider number: 155242 AIM number: 100291200  Survey Team: Tina Smith-Staats, RN, TC Karen Lewis RN Jason Mench RN  Census bed type: SNF/NF: 129 Total: 129  Census payor type: Medicare: 20 Medicaid: 96 Other: 10 Total: 129  Sample: 3	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST				
This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00137394 completed on October 4, 2013.  Complaint IN00137394 corrected.  This visit was in conjunction with the PSR to the Recertification and State Licensure Survey completed on 8/23/13, the PSR to the Investigation of Complaints IN00134737 and IN00134907 completed on 8/23/2013, and the investigation of complaint IN00138719.  Survey Dates: October 30 and 31, 2013.  Facility number: 000146 Provider number: 155242 AIM number: 100291200  Survey Team: Tina Smith-Staats, RN, TC Karen Lewis RN Jason Mench RN  Census bed type: SNF/NF: 129 Total: 129  Census payor type: Medicare: 20 Medicare: 20 Medicarid: 96 Other: 10 Total: 129  Sample: 3	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
the Investigation of Complaint IN00137394 completed on October 4, 2013.  Complaint IN00137394 corrected.  This visit was in conjunction with the PSR to the Recertification and State Licensure Survey completed on 8/23/13, the PSR to the Investigation of Complaints IN00134737 and IN00134907 completed on 8/23/2013, and the investigation of complaints IN00138719.  Survey Dates: October 30 and 31, 2013.  Facility number: 000146 Provider number: 155242 AIM number: 100291200  Survey Team: Tina Smith-Statats, RN, TC Karen Lewis RN Jason Mench RN  Census bed type: SNF/NF: 129 Total: 129  Census payor type: Medicare: 20 Medicaid: 96 Other: 10 Total: 129  Sample: 3	{F 000}	INITIAL COMMENTS		{F 00	00}				
This visit was in conjunction with the PSR to the Recertification and State Licensure Survey completed on 8/23/13, the PSR to the Investigation of Complaints IN00134737 and IN00134907 completed on 8/23/2013, and the investigation of complaint IN00138719.  Survey Dates: October 30 and 31, 2013.  Facility number: 000146 Provider number: 155242 AIM number: 100291200  Survey Team: Tina Smith-Staats, RN, TC Karen Lewis RN Jason Mench RN  Census bed type: SNF/NF: 129 Total: 129  Census payor type: Medicare: 20 Medicaid: 96 Other: 10 Total: 129  Sample: 3		the Investigation of C	omplaint IN00137394						
Recertification and State Licensure Survey completed on 8/23/13, the PSR to the Investigation of Complaints IN00134737 and IN00134907 completed on 8/23/2013, and the investigation of complaint IN00138719.  Survey Dates: October 30 and 31, 2013.  Facility number: 000146 Provider number: 155242 AIM number: 100291200  Survey Team: Tina Smith-Staats, RN, TC Karen Lewis RN Jason Mench RN  Census bed type: SNF/NF: 129 Total: 129  Census payor type: Medicare: 20 Medicaid: 96 Other: 10 Total: 129  Sample: 3		Complaint IN00137394 corrected.							
Total: 129  Census payor type: Medicare: 20 Medicaid: 96 Other: 10 Total: 129  Sample: 3		Recertification and St completed on 8/23/13 Investigation of Comp IN00134907 complete investigation of comp Survey Dates: Octob Facility number: 0001 Provider number: 15 AIM number: 100291 Survey Team: Tina Smith-Staats, RI Karen Lewis RN Jason Mench RN Census bed type:	tate Licensure Survey 3, the PSR to the colaints IN00134737 and ed on 8/23/2013, and the claint IN00138719.  ther 30 and 31, 2013.  146 5242 1200						
Medicare: 20 Medicaid: 96 Other: 10 Total: 129 Sample: 3									
		Medicare: 20 Medicaid: 96 Other: 10							
Signature Healthcare of Muncie was found to be		Sample: 3							
		Signature Healthcare	of Muncie was found to be						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

E (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		155242	B. WING				-C <b>31/2013</b>		
	ROVIDER OR SUPPLIER	JNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303			1 10	0172010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
{F 000}	Band 410 IAC 16.2 in Investigation of Comp	CFR Part 483, Subpart regard to the PSR to the	{F 00	0}					